

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/05/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445458	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2017
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NAME OF PROVIDER OR SUPPLIER

FOUR OAKS HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

**1101 PERSIMMON RIDGE RD
JONESBOROUGH, TN 37659**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 281 NFPA 101 Illumination of Means of Egress
SS=D

K 281

Illumination of Means of Egress
Illumination of means of egress, including exit
discharge, is arranged in accordance with 7.8 and
shall be either continuously in operation or
capable of automatic operation without manual
intervention.
18.2.8, 19.2.8
This STANDARD is not met as evidenced by:
Based on observation and interview, the facility
failed to provide all requirements for egress
lighting that is on a motion sensor.

NFPA 101 2012 Ed. 19.2.8, 7.8.1.2.2

This deficiency affects 2 of 4 smoke
compartments.

Observation and interview with the maintenance
director on 10/2/17 at 10:15 PM revealed the
following:

1. All motion sensor lights at the back of the
building were not working.
2. All areas of the outside egress path in the back
of the facility is not provided with general and
emergency lighting.
3. Could not show or provide information that the
outside lighting at the back of the facility was on
emergency power.
4. Could not be provided that the motion sensor
lights meet the following:
 - a. The switch controllers are listed.
 - b. The switch controllers are equipped for
fail-safe operation and evaluated for this purpose.
 - c. The illumination timers are set for a
minimum 15-minute duration.
 - d. The motion sensor is activated by any
occupant movement in the area served by the
lighting units.

Non-working motion sensor lights at
the back of the building were replaced
with new motion sensor lighting. An
additional sensor light was installed so
that all areas of the outside egress
path in the back of the facility are
provided with general and emergency
lighting.

11/18/17

All other motion sensor lights at the
back of the building were inspected by
a certified electrician and replaced, if
appropriate, in accordance to NFPA
101.

Administrator inserviced Maintenance
Director on to ensure all areas of the
outside egress path in the back of the
facility are provided with general and
emergency lighting, that switch
controllers are listed, that switch
controllers are equipped for fail-safe
operation and evaluated for this
purpose, that illumination timers are
set for a minimum of 15-minute
duration, that motion sensor lighting is
activated by any occupant movement
in the area served by the lighting units,
that the switch controller is activated
by activation of the building fire alarm
system, if provided.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

OCT 23 2017

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NAME OF PROVIDER OR SUPPLIER FOUR OAKS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 PERSIMMON RIDGE RD JONESBOROUGH, TN 37659
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e. The switch controller is activated by activation of the building fire alarm system, if provided.

The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 10/2/17.

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An audit conducted by the Maintenance Director on illumination of means of egress, including exit discharge, is arranged in accordance with NFPA 101 2012 Ed. 19.2.8, 7.8.1.2.2 will be completed weekly for one month then monthly for two months and/or until 100% compliance. The results of the audit will be presented to the Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee consists of at least the Administrator, Director of Nursing, Assistant Director of Nursing, Admission Director, Housekeeping Director, Maintenance Director, Food Service Director, Activity Director, Social Services Director, Therapy Services Director and the Medical Director.